

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0012021

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 254  
**REFILED 26 65**

Primary Registration District No. 3052 Registrar's No. \_\_\_\_\_

VS 300	DATE AMENDED
Rev. 4/59	
1 0808	
2 0270	
3	
4 1	
5 2	
6	
7 0	
8 0	
9 200	
10	
11	
12 86-2	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		Length of stay in lb. OR TOWN <u>2 months</u>	c. CITY OR TOWN <u>Pilot Grove</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Campbell Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 miles South</u>
3. NAME OF DECEASED (Type or print) <u>F. O. A. - BELK - EICHELBERGER</u>		4. DATE OF DEATH <u>March 18, 1965</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Pilot Grove, MO</u>
13. FATHER'S NAME <u>Jim Helms</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Fairfax</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Eichelberger</u>
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Estel Eichelberger</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>year</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>July 7, 1964</u> to <u>March 18, 1965</u> and last saw her/him alive on <u>March 18, 1965</u> Death occurred at <u>11:00 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Woodland Bldg, Sedalia Mo</u>	22c. DATE SIGNED <u>3-20-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3/21/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove MO</u>
24. FUNERAL DIRECTOR <u>Hays-Painter, Pilot Grove, MO</u>		25. DATE RECD. BY LOCAL REG. <u>March 21, 1965</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

1508100

No permit issued

APR 1 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.